RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name B & K Root Beer LLC.	**Telephone Number** 765 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3-9-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 928 E Main St Gas City			
Owner Brian Morris - President	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address 308 E. S. A' St.		**Summary of Violations:** C___ NC___ R___	
Person in Charge Lisa			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Lisa Gomez exp 3-6-2023			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			OK to open 3-17-20	

Received by (*name and title printed*): Lisa Gomez	Inspected by (*name and title printed*): Dena Small EHS / Dale Carr EHS
Received by (*signature*): Lisa Gomez	Inspected by (*signature*): Dena Small EHS / Dale Carr EHS
cc:	cc:
cc:	